Nov 03 09 01:22p	Affordable Plumbing	319-3	319-369-0260 p.1	
CHECK ONE: This is an initial* S This is an amende *An initial Statement of Orga making expenditures, or inca a change. Penalties may be committee that exceeds \$75 DR-1 disclosing information	ONS, SEE BACK OF FORM Statement of Organization ed* Statement of Organization anization must be filed within 10 days of the courring indebtedness exceeding \$750. Amenda in imposed for late-filed Statements of Organiz io in activity for another office shall file within a concerning the campaign for the new office s	ments must be filed within 30 days of ation. A candidate with an open 10 days either a new or amended ought.	FORM DR-1 (Rev. 07/2009) For Office Use Comm. # Indexed Audited Computer	
Do	A candidate's committee must include the counce	il Campaign	f the committee.) If a	mending committee name,
(1)Statewide/Legislative/J (5)County Candidate (6) (10)School Board or Othe	e of committee you are reporting for: { } Iudge Standing for Retention Candidate () City Candidate (7)School Board or Other Political Subdivision PAC (11) Local Ba	Statewide PAC (3) State Party (4 Political Subdivision Candidate (8 Allot Issue (including committee involution))County PAC (9)C lved in multiple city	City PAC (county ballot issues)
Name + +	(mandatory for all committees)	COMMITTEE CHAIR (manda	atory except for a c	andidate's committee)
Mailing Address	arleton	Name ↓ ↓ Mailing Address ↓ ↓		2009
City State, + + Zip Code + + Capids, IA 52404		3		90 100
Phone (319) 721 - 9148		Phone ()		
INDICATE PURPOSE OF	COMMITTEE - Check One Box Ad	e-Mail	Ivocate for ballot issi	P SS ue(s) → SR
Comment or description	on:	Ad	vocate against ballo	TISSUE(3)
Office Sought:	y Council At Large	County/Local Candidates an County: Linn (If active in multiple ballot issues Date of Election: 11-3-	ue elections, attach li	5 👨
Bank Account Name (must		Candidate name & Address or Pa	ffiliate, or Sponsor	
	Council Campaign	Mailing Address J. J.		
Mailing Address PO BOX 160 City	Trust Co Checking State 1 Zip 1 T TA 52235	1627 Namer Dr City Cedar Rapids Phone (31°1) e-Mail Dyarr 1000	<u> </u>	zip 1 1 53405
STATEMENT OF AFFIRMATIO	ON: By filing this document the committee af	firms the following:		
 The committee and all personules in Chapter 351 of the low 	ons connected with the committee understand the a Administrative Code.	at they are subject to the laws in lowa Cod	e chapters 68A and 6	8B and the administrative
 That lowa Code section 68A.402 and rule 3514.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions. 				
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.				
4. That lows Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot				

- 5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A,301 through 68A,303 and rule 351—4.25.
- 6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (pgr-3) rise been filed.

Signature of Candidate, OR, for all other committees, Chairperson